NHS Tayside

Children's Rights Report

July 2024 – March 2026

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1. Introduction

The United Nations Convention on the Rights of the Child (UNCRC) is an international treaty outlining the civil, social, political, economic and cultural rights of every person under 18 years of age.

In 1989 the legally binding treaty was adopted to protect children's rights to survive, develop, thrive and have their voices heard. The aims of the treaty are to ensure that children are protected, respected and treated as individuals with rights, rather than purely objects of care. The treaty is based on non-discrimination and the best interests of the child.

The Children and Young People (Scotland) Act 2014, when enacted, placed duties on Scottish Ministers to further progress adherence to children's rights as described within the UNCRC treaty.

The UNCRC (Incorporation) (Scotland) Bill was, therefore, subsequently introduced to the Scottish Parliament in September 2020, with the aim of incorporating the UNCRC treaty into legislation in Scotland.

Following judicial review and amendments to the original content, the UNCRC (Incorporation) (Scotland) Bill was unanimously approved by the Scottish Parliament in late 2023 and gained royal assent in January 2024. This landmark step enshrined children's rights into Scottish law. A position no other country in the world holds.

The UNCRC (Incorporation) (Scotland) Act 2024 came into effect on 16th July 2024. The Act brings duties on all public authorities to attend to the rights of children and to report on the delivery of these duties every three years.

This report is the first statutory Children's Rights report by NHS Tayside and covers the required period of 16th July 2024 to 31st March 2026.

The new Act applies to all parts of the NHS system in Scotland, as well as to all public organisations. Organisations can choose to produce the required three-yearly statutory report individually or in partnership with other organisations.

Given the breadth of services and scope of NHS Tayside, a decision was made that an individual organisation report, on implementation of the duties of the new Act, would be produced for the initial statutory reporting period. Subsequently, it was agreed that the report would include content related to the distinct functions undertaken by the three Integration Joint Boards in Tayside.

The purpose of the report is to demonstrate actions taken during the reporting period to ensure compatibility with UNCRC requirements and to effect children's rights. In addition, the report highlights future action to further progress the children's rights agenda.

2. Acknowledgements

Sincere thanks are extended to all contributors to this report.

Specific thanks are noted to Karen Conduit-Turner, Public Health Registrar, for the considerable work undertaken on the voice of children and young people, which has informed the content of this report, as well as to the NHS Tayside Health Intelligence Team in relation to infographic support and, finally, to all NHS Tayside departments who provided information through the NHS Tayside UNCRC Update Template.

Recognition is given to the breadth and volume of information submitted to inform this report, acknowledging that it was not feasible for all contributions to be included.

The report aims to demonstrate the positive steps and progressive actions undertaken over the past twenty months. It is also intended that the content provides examples and suggestions to inform future action.

Based on the activity outlined within this report, there is strong anticipation for the progress and developments which will be reflected in the next report in 2029.

"Children need systems that are inclusive and driven by them, systems that will enable them to respond to their feelings and needs at any time"

Jeroo Billimoria, Social Entrepreneur (2016)

3. Context

3.1 Legislative context

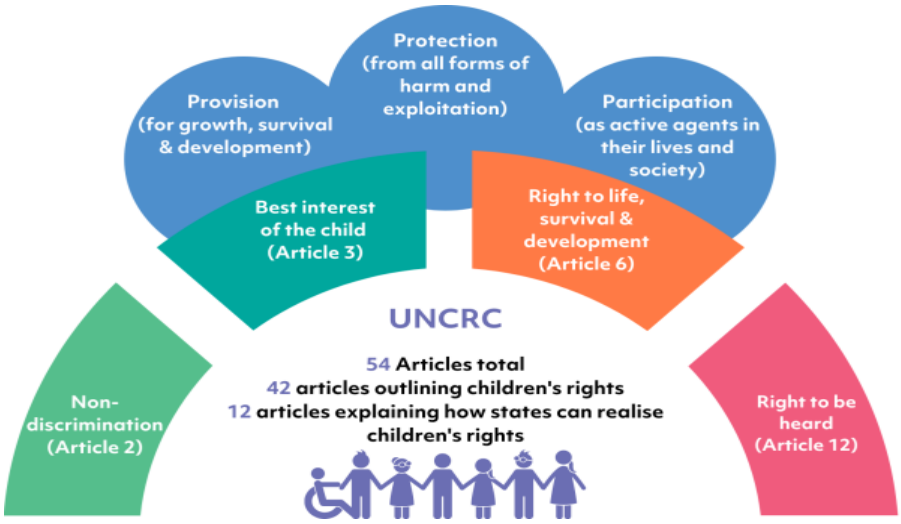
The UNCRC (Incorporation) (Scotland) Act 2024 contains 54 Articles, 42 of which outline the substantive rights which must be upheld for every child up to age 18 years. The remaining 12 articles pertain to how organisations should work to protect children's rights.

There are four articles within the Act which are referred to as the 'General Principles'. These articles can assist in the interpretation of the Act's content and play an important role in supporting organisations to attend successfully to all rights a child has. These General Principles are:

i. All UNCRC children's rights articles are applied without discretion (Article 2)
ii. The best interests of the child are a primary consideration (Article 3)
iii. Every child has the right to life, to survival and to development (Article 6)
iv. Every child has the right to express their view/s and to have those views heard (Article 12).

Key Provisions of the Act are to:

- Make it unlawful for public authorities to act in a way which is incompatible with UNCRC requirements
- Give children, young people and their representatives the power to go to court to enforce their rights
- Give the Children & Young People's Commissioner Scotland power to take legal action in relation to children's rights
- Require public authorities to report on their compliance with the UNCRC requirements every three years.



3.2 National context

3.2.1 Statutory Guidance

The UNCRC (Incorporation) (Scotland) Act 2024 applies to all public organisations. Statutory guidance, published by the Scottish Government, accompanies the Act to provide additional information on what constitutes a public organisation, when reports are required and how reports can be produced.

3.2.2 Progressive Realisation

The statutory guidance accompanying the Act states that public authorities may find it useful to consider the international legal concept of 'progressive realisation' when reflecting on how best to fulfil their duties under the Act. Progressive realisation allows organisations, such as Health Boards, to work gradually towards the full realisation of rights.

In the context of the UNCRC, progressive realisation particularly applies to economic, social and cultural rights. This includes ensuring the highest attainable standard of health, the right to education and an adequate standard of living.

This also encompasses the principles of:

- Use of Maximum Available Resources:
  An obligation to utilise the maximum of their available resources to fulfil human rights. This includes financial, natural, human, technological, and organisational resources.
- Non-Retrogression:
  The avoidance of taking retrograde steps. In times of economic crisis, regressive measures may only be considered after assessing all other options and ensuring that children are the last to be affected, especially children whose rights are at risk.
- Minimum Core Obligations:
  Despite the allowance for phased implementation, immediate obligations to ensure at least the minimum essential levels of each right are met.

3.2.3 Collaboration

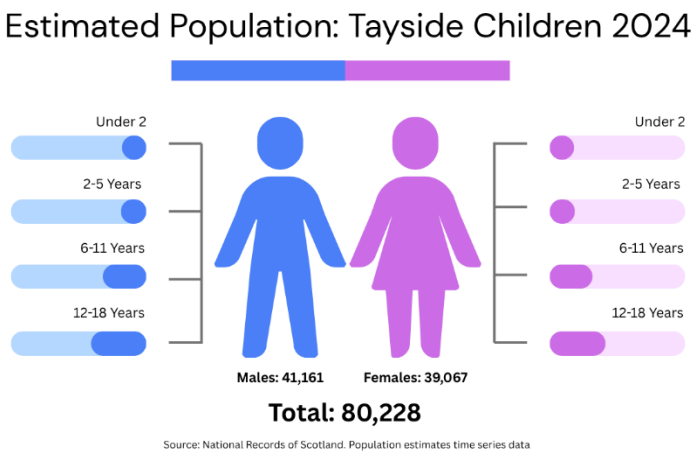
Working in collaboration to deliver on children' rights is promoted and supported by Scottish Government.

NHS Education Scotland (NES), through a commissioning arrangement with Scottish Government, have offered support to NHS Boards to assist in preparation for and implementation of the new Act. This support has been invaluable and has led to collaboration across NHS Boards and with other relevant organisations e.g. Improvement Scotland and the Observatory of Children's Human Rights Scotland.

3.3 Tayside context

3.3.1 Children and Young People Population

The most recent population figures (2024) show a total of 80 228 children and young people aged under 18-years across Tayside.



It is expected that most, if not all, of the above children and young people will have received a level of contact with NHS Tayside, either through directly receiving healthcare, visiting or caring for an adult who is receiving healthcare or, indirectly, through wider public health work that takes place within communities.

Although a high level of the organisation's direct contact with children and young people takes place within the NHS Tayside Children's Hospital, through the over 12 000 in-patient and day case admissions per annum, a vast number of contacts take place in family homes, clinic settings, schools and communities by other services within the Acute Services Women Children & Families Division. Examples of these contacts with children and young people, over a one-year period include 13 000 CAMHS outpatient appointments, in excess of 17 500 AHP appoinments, 22 000 paediatric outpatient appointments and over 25 000 home visits by Health Visitors and Family Nurses.

Wider NHS Tayside Acute Services provision also reaches children & young people, with 1300 episodes of such care recorded, by the Business Unit, for young people aged 15- 17 years over the period November 2024 – October 2025. Records show these care episodes were within the areas of Acute Assessment, Emergency & Observation units and planned surgical and short-stay medical pathways.

In addition to the above figure, a total of 116 records of care for young people aged 15-17 years olds who received midwifery, maternity or gynaecology services were also captured.

The Maternity service being of particular relevance and interest in relation to the new legislation due to the consideration required to the rights of new parents under 18 years of age and the, approximately 5000, new babies per year that the service provides care to.

Beyond Acute Services, NHS Tayside's Pharmacy Directorate and Public Health Directorate together with Health & Social Care Partnerships (HSCPs), Primary Care, North of Scotland Regional services and Managed Clinical/Care Networks covering Tayside all have a level of direct contact with children and young people. Further exploration of the availability and reliability of data in these areas is required.

Children and young people under 18 years of age also interface directly, or indirectly, with further departments across NHS Tayside also.

3.3.2 Workforce

The NHS Tayside workforce, of approximately 14 000 staff, works across three major hospital sites, over twelve community hospitals, a small number of specialist centres and many health centre and community settings.

In seeking to reach all staff groups and teams with information on new and important legislation, a range of different communication methods are valuable. Examples of communication methods employed in relation to children's rights awareness raising across the organisation are described later in this report (Section 4.1).

To support workforce awareness of the new UNCRC legislation, it is also valuable to promote a collective ownership and leadership model. This is the key to creating a culture of everyday accountability and progress for children's rights.

As an employee of NHS Tayside, staff are responsible for:

- Being aware of the UNCRC legislation and what this means for individual roles
- Protecting and promoting children's rights, within the context of progressive realisation
- Identifying areas of improvement and escalating concerns related to children's rights
- Decision making that fully considers children's rights
- Identifying any individuals or groups at risk of, or having, their rights breached
- Celebrating and sharing good practice related to children's rights.

3.3.3 UNCRC Board Lead

The role of an NHS Board UNCRC Lead is to create the environment for progressive realisation of implementation of children's rights as described within new Act. Within NHS Tayside, the Child Health Commissioner is identified to take forward this role, by working with leadership colleagues across Acute Services, Corporate and Professional Directorates, HSCPs (HSCPs), in Tayside, as well as other NHS Board UNCRC Leads and NES.

The role of the Lead involves enabling implementation of duties within the Act through:

- Awareness raising of the Act and responsibilities within it
- Sharing resources, tools, information and good practice to support progressive realisation of children's rights across the organisation
- Influencing and informing policy and strategy
- Working with partners and wider stakeholders
- Reporting on progress, challenges and supporting change.

3.3.4 Governance

The Governance route for UNCRC implementation is through the NHS Tayside Population Health Committee.

3.3.5 Partnership working

NHS Tayside works closely with Local Authority, Police Scotland and other partners as part of the three Children's Services Partnerships within each of the Community Planning Partnerships in Tayside. In addition, the Board works collaboratively within the three HSCPs and as part of the respective Integration Joint Boards across Tayside.

The above partnership working enables collaborative approaches to meeting statutory requirements directly related to children's rights, supports sharing of learning and good practice and enables clear connections are made across priority agendas.

3.4 Pre-legislation position

Prior to the enactment of the UNCRC (Incorporation) (Scotland) Act 2024, NHS Tayside worked within the three Children's Services Partnerships in Tayside, as part of the Community Planning Partnership structure, to fulfill it's duties in relation to childnre's rights under the, aforementionned, Children & Young People (Scotland) Act 2014.

In accordance with the above legislation, NHS Tayside's Children & Young People's Services, and wider teams, have delivered care in line with the national Getting it right for every child (GIRFEC) practice model, for over fifteen years, attending to children's rights as part of this model of care delivery.

In addition Children & Young People's Services, together with a range of wider NHS Tayside services, have also worked to deliver on the national aims described within The Promise and to address child poverty, both of which have the fulfillment of children's right at their centre.

Children's rights focussed work and activity prior to the enactment of the UNCRC (Incorporation) (Scotland) Act 2024 was predominantly considered, across all NHS Boards and Local Authorities in Scotland, to be the responsibility of those services working directly with children, young people and their parents/carers.

NHS Tayside contributed to the statutory Children's Rights reports required under the Children and Young People (Scotland) Act 2014, which were produced through Children's Services Partnerships (or the Tayside Regional Improvement Collaborative), during the period 2014 – 2024.

National Practice Model - Getting it right for every child (GIRFEC): aims and wellbeing indicators

4. Implementation

4.1 Creating the conditions

Following Parliamentary approval of the UNCRC (Incorporation) (Scotland) Bill in December 2023, efforts to prepare the organisation to be able to fullfill the relevant responsiblities commenced.

A UNCRC 'Board lead' was identifed. Similar to a number of other territorial Boards, this responsibility was aligned with the role of Child Health Commissioner, with Executive leadership responsibilities being taken up by the Director of Public Health.

During the period January 2024 – January 2025, the primary focus within the organisation was awareness raising on the new legislation and the duties within it. This activity was undertaken at all levels of the organisation and involved a range of presentations, papers, facilitated table-top discussions and staff newsletters/communications. This included:

- Papers and presentations to a wide range of Executive/Senior/Service level groups and meetings
- Presentations to the different professional Area Committees
- Articles in 'Staff Brief' newsletters
- A dedicated 'Vital Signs' communication
- Updates in twelve Child Health Commissioner monthly 'Spotlight' communications
- Delivery of an NHS Tayside Board member Development session on 'Child Health and Children's Rights'
- UNCRC input to 'Staff Group' meetings / clinical effectiveness days / development events.

Within each of the papers, presentations and wider communications clear asks were made to all audience members, related to subsequent individual responsiblities for onward information sharing and awareness raising across respective teams, departments and services.

At a workforce level, the national '*Children's Rights - Awareness Raising*' online education sessions, facilitated by NES during 2024, were strongly promoted and supported across NHS Tayside. Reports on attendee numbers at the online sessions were not produced, but UNCRC Board Leads received verbal feedback on attendance rates. It was reported by NES that NHS Tayside had "notably high levels" of attendance at the national sessions delivered over 2024.

In addition to awareness raising of the new legislation across the workforce, a range of nationally developed resources were shared across the organisation as they became available. The aim of the resources was to further support workforce knowledge and confidence in relation to attending to children's rights and, also, to enable individuals, teams and services to fulfil the responsibility on them to inform children, young people, families and the wider patient population on the rights of children and young people.

Resources shared across Divisions, Directorates and Departments included:

- Improvement Scotland - Getting Ready for UNCRC Incorporation Framework
- Children & Young People's Commissioner Scotland – UNCRC posters link
- Childhub – UNCRC Child Friendly posters link
- Parent Club - Your Guide to Children's Rights link (booklet for parents/carers)
- Children & Young People's Commissioner Scotland – Let's Explore our Rights link (booklet for children)
- NES UNCRC eLearning module link and UNCRC Newsletters
- SPSO Webinar link and FAQ document
- Children's Rights short animation links - "Sebastian" and "An exploration of rights"
- Scottish Government UNCRC Statutory Guidance
- Care Opinion 'Bear' - training session and information leaflets/cards links
- NES webinar opportunities e.g. "Seldom Heard Voices"
- Scottish Alliance for Children's Rights - Children's Rights Skills and Knowledge Framework link
- UNICEF – Seven Principles model to a rights-based approach link
- Scottish Youth Parliament – 'How to do Children's Rights & Wellbeing Impact Assessments the Right Way' link.

In recognition of the fundamental importance of children's rights knowledge across the workforce, the organisation moved to adopt the new (December 2024) NES eLearning GIRFEC modules, as the recognised 'role mandatory" GIRFEC training for all staff. The new modules, developed nationally and offered at two levels, include children's rights content and were approved as appropriate GIRFEC (and UNCRC) eLearning training for all Health Board workforces. NHS Tayside formally adopted the new modules in April 2025, replacing the previous GIRFEC eLearning, and the new modules were made available on the NHS Tayside LearnPro platform with relevant guidance issued to managers.

Similarly, following enactment of the new legislation, a review of the organisation's Child Protection training was undertaken to ensure children's rights messaging was both consistent and reinforced through this mandatory, for all, staff training.

Engagement with leaders and managers across the organisation prior to, and in the early months following, enactment of the new legislation enabled strong management support with the rollout of UNCRC awareness. Staff were supported with protected time to attend training and awareness sessions which demonstrated a commitment to embedding UNCRC principles across teams and ensuring that staff have the necessary knowledge and understanding to integrate these responsibilities into their roles.

4.2 Early Implementation

From enactment of the new UNCRC (Incorporation) (Scotland) Act in July 2024, and in tandem with ongoing awareness raising activities, attention was given to how NHS Tayside could implement the duties within the Act at all levels of the organisation, and early opportunities to demonstrate organisational commitment to the agenda were taken up.

This is evidenced through the early work to amend the NHS Tayside Board Report Template used for Board and Standing Committee meetings to include children's rights considerations. This resulted in updated guidance being issued to all authors of reports in relation to the 'Equality and Diversity' report section, to ensure that all reports give cognisance to the rights of children and facilitates wider discussion, exploration and awareness raising.

In addition, the timely review of the NHS Tayside Equalities Impact Assessment (EQIA) policy afforded early consideration to be given to the new children's rights legislation as part of this key organisational policy update. As a result, children's rights were included within both the revised rapid assessment framework and full impact assessment template of the new, and subsequently approved, Combined Equalities Impact Assessment (CEQIA) policy.

With the Scottish Public Services Ombudsman (SPSO) launching new Child Friendly Complaints guidance to coincide with the enactment of the new UNCRC legislation, the NHS Tayside Patient Experience Team swiftly engaged with work to incorporate the new guidance and committed to undertaking the related new SPSO Child Friendly Complaints Handling eLearning module, to ensure the value added from adopting the new guidance could be optimised.

A further example of early commitment to the children's rights agenda was evidenced through NHS Tayside colleagues working collaboratively with partners in a successful bid to the Scottish Government's UNCRC Innovation Fund to develop and publish the, now award winning, 'Hello in There, Wee One' book. The book was developed for parents-to-be to help expectant parents connect and communicate with their baby from the very beginning and is now provided as part of routine maternity care.

Across NHS Tayside, the above early work was endorsed by the inclusion of children's rights within the organisation's Annual Delivery Plan 2025-26. As part of the improving health and wellbeing priority within the Plan, specific reference was made to both the importance of attending to the UNCRC agenda in ensuring that Tayside's children, and therefore its future generations, thrive and to the place of advocacy and empowerment to achieving this. This priority is planned for the 2026-27 Annual Delivery Plans also.

4.3 Implementation January 2025 – March 2026

As awareness and understanding of the new Act was promoted and developed across the NHS Tayside workforce, supported by early organisation-level actions which clearly demonstrated executive/senior leadership commitment to the Board's new statutory responsibilities, progressive steps towards the realisation of children's rights started to develop within several services and departments.

With individual pieces of work and areas of progress often attempting to attend, or deepen attention, to a number of children's rights (as described within the Act as articles), the useful distillation of the individual articles into the, previously highlighted, four 'General Principles' is a useful construct in which to describe the organisation's progress in realising the rights of children since enactment of the legislation twenty months ago.

In preparing for this report, and to support services/departments with self-assessment and improvement, an NHS Tayside 'UNCRC Progress Template' was produced and circulated widely for completion. Completed templates returned from over twenty-five services/departments has supported the following content of this report.

4.3.1 General Principle 1

The articles of UNCRC are applied in a non-discriminatory manner (Article 2)

NHS Tayside's commitment to GIRFEC training as 'role mandatory' training for ALL staff demonstrates the organisation's aim to treat all children positively and fairly. The promotion of UNCRC awareness raising across all parts of NHS Tayside further supports this ambition.

Starting from Midwifery and Neonatal services where all newborn babies are treated equally, in line with GIRFEC and Best Start principles, and where the Addressing Inequalities in Maternity (AIMS) programme of work strives to ensures equal access for all women, the Women's Clinical Care Group establishes the non-discriminatory approach to children's rights-based care which the entire organisation aspires to.

Allied Health Professional services for children and young people have a strong focus on accessibility for all. The Speech and Language Therapy (SLT) service employ a comprehensive range of information sources for families including a website, active social media accounts and easily accessible information videos targeting universal messages as well as written leaflets. The service also provides an open access referral system, where parents/carers and young people themselves can call the advice line, and offer most appointments in the school environments to reduce the barriers involved in attending a clinic or hospital site and to minimise impact on education. The Occupational Therapy (OT) service employs similar approaches to their SLT colleagues, taking a flexible approach to seeing children and young people in the right environment for the individual child, working in an integrated way across NHS and Local Authority (Social Work) OT to reduce duplication for children/families and using a range of child friendly information from invite to clinic letters and information on conditions. In addition, the Physiotherapy Service has recently undertaken an improvement in service delivery and pathways for children, young people and their families by holding a 'Child Health Physio Assessment Day' to improve access to specialist assessment through a more flexible, responsive and 'one-stop-shop' model. Early feedback from parents/carers and young people was very positive and next stage plans are being taken forward.

Adult services provided through Angus HSCP, have embedded a Children's Rights & Wellbeing Impact Assessment (CRWIA) approach to decision making processes. This involves, new and revised policies, as well as developments in practice or service delivery, requiring to have a CRWIA applied to ensure that potential impacts on children's rights, health and wellbeing are systematically considered from the outset.

Since publication of the new legislation, in July 2024, the Public Protection team have reviewed all child protection policies, guidance and training courses to ensure a rights-based and trauma informed approach to safeguarding across NHS Tayside.

Within the Medicine Division a number of services have worked to offer flexible appointment times for young children and barriers to attending outpatient appointments for young people have been explored which has led to an increased level of telehealth options for young people.

Articulation of the importance of the rights of Tayside's children and young people population is also evident within the key strategic documents and plans related to child health and children's services i.e. the three new statutory Children's Services Plans and the current NHS Tayside Child Health Strategic Overview 2024-2026.

"Equity shouldn't depend on postcode or background"

Anonymous young person, Young Scot Survey 2025

4.3.2 General Principle 2

The best interests of children are a primary consideration in service delivery (Article 3)

A central tenet of this General Principle is that service, and other, information provided by the organisation is produced in a child friendly and easy-read manner. A wide range of services currently produce information in accessible formats, both hard-copy and online, and this has been developing over the last few years, even prior to the new legislation.

In addition to areas such as the Neonatal service, Child Protection Medical and Nursing teams, the Sexual & Reproductive Health service, Neurophysiology, Audiology and the Sexual Health and Blood Borne Virus Managed Clinical Network all producing accessible format information, some services have widened the extent of this accessible information provision.

The Eating Disorder Team within the Child & Adolescent Mental Health service (CAMHS) has, for example, developed and launched an 'Eating Disorder' portal for families, to provide clear information on what to expect during assessment and providing easy access to resources and wider supports. The SLT service in CAMHS is working to embed 'Talking Mats' and other evidence-based communication supports for children receiving care across the service.

The Corner has worked to reduce the volume of paper-based information for young people using the service and now supports service users to access readily available, verified and trusted, online health information relevant to their health needs. The Corner also uses dyslexia friendly and low vision font on its website, to help ensure greater accessibility for all, and offers a language button function to enable those with English not as their first language to access information with greater ease.

In services where children or young people are not the primary patient group, additional consideration is being given to the best interests of children through the seeking of advice from, and consultation with, Paediatric colleagues who are highly experienced in delivering care to children and young people.

The Minor Illness and Injuries Unit (Angus) provides an example of this collaboration with Speech & Language Therapy colleagues and third-sector partners to support children and young people with additional needs.

Enabling children and young people to provide feedback on their experience of services or care they have received is fundamental to future service delivery, planning and improvement.

The Early Years and Young People (EYYP) Team within the Public Health Directorate continually engage directly with children and young people to seek views and feedback to inform future work and to ensure that information, topics of input and projects are meaningful to their intended audiences. In response to young people expressing views on their parents'/carers' level of knowledge on vaping, for example, the team created information for parents/care givers to accompany work on vaping which they carried out within schools. As part of the wider feedback loops, the EYYP team regularly provide a feedback mechanism for parents in order that they, too, can request information, in a preferred method, to support them in their parenting of their school aged children.

A large number of services across NHS Tayside utilise the national Care Opinion tool to enable patient feedback. This platform includes Care Opinion 'Bear' specifically for children and young people and over forty services within NHS Tayside actively promote and support the use of 'Bear'. Enabling children and young people to provide their feedback, and truly listening to what is said, enables learning across a team, a service or, on occasion, an organisation with care improvement often resulting from it. Further information related to children and young people's feedback is provided at General Principle 4.

Application of the, previously referenced, reviewed NHS Tayside Combined Equality Impact Assessment (CEQIA) policy actively supports all services and departments to prioritise consideration of children and young people when planning improvement, development or redesign.

"I would work on making rights more well known and spoken about"

Anonymous young person, C&YP Commissioner Scotland Office survey (2023)

4.3.3. General Principle 3

Children have a right to life, survival and development (Article 6)

The provision of good quality healthcare to all children and young people is a responsibility of NHS Boards. Working to remove potential barriers which children and young people may face when trying to engage with, and receive, health services is also a duty for Health Boards to fulfil under the new legislation.

One of the biggest barriers children, young people and families can face in accessing healthcare is poverty. Therefore, work to address this national priority is crucial in meeting children's rights.

In NHS Tayside, work led by the Public Health Directorate to address child and family poverty is one of the key actions in supporting children and young people to survive, develop and thrive. Work led through the Directorate's Health Improvement team is critical and has included developing and embedding Income Maximisation Pathways for priority family groups attending NHS Tayside services and the production of the Tayside Infant Food Insecurity Pathway to ensure parents and carers can access timely, sustainable support if they face food insecurity for their infant. Other proactive work includes staff education and training to increase awareness and understanding of child poverty across frontline workforces and to facilitate increased referrals to Welfare Rights. The team also focus on supporting increased parental employability and Warm Home prescriptions to vulnerable households.

NHS Tayside Health Visiting and Family Nurse Partnership services have engaged strongly with Public Health in joint work to address child poverty and are, also, central to promoting and supporting early years and pre-school development in children. Ensuring universal and targeted access to health advice and developmental support for families, the services enable early intervention, timely referrals (where indicated) as well as the identification of barriers to health service access such as language, transportation, literacy and poverty through a relationship and strengths-based model of care. As key services within the Children & Young People Clinical Care Group, the practitioners within the service teams are strongly experienced in working in a children's rights-based manner and they and their service leads can offer valuable experience to other services. The services are, however, far from complacent and the last 12-24 months has seen the services further enhance joint working with Infant Psychology Mental Health team colleagues to strengthen understanding and promotion of the voice of very young children through assessing parental/carer interaction, child responses and attachment.

Additional good practice examples from within the Children & Young People Clinical Care Group are identified within the Community Paediatrician team who provide comprehensive health assessments to all care experienced children and young people, to ensure their health needs are identified and their development is supported. For this, often vulnerable, group of children and young people this work is a priority. Similarly, in relation to prioritising supporting a more vulnerable group of children, the Neonatal Unit has recently re-introduced AHPs back into the multi-disciplinary team in order to promote sensory stimulation and development of this youngest in- patient group and a team of Play Specialists and Play Assistants also support children to understand treatments plans through play, visual aids and stories.

The Nutrition and Dietetic service, hosted by Dundee HSCP, have demonstrated commitment to their paediatric dietetic care by re-establishing and expanding the offers it can make to children and young people in relation to a blended diet service and ketogenic diet service.

Both specialist dietetic services are provided in collaboration with relevant paediatric speciality colleagues i.e. gastroenterology and neurology, respectively, and these developments have strengthened the equity, accessibility and quality of dietetic care to children and young people in effort to optimise health and development.

The Radiology service provides further evidence of increased attention to children's rights across the full range of services within NHS Tayside. Following enactment of the new legislation the service not only commenced weekly multi-disciplinary meetings with paediatric and neonatal teams to support collaborative care planning and continuity of care for children but also introduced Paediatric Basic Life Support (BLS) training for radiographers to ensure the safest possible response to emergencies. Training is being rolled out across the full team in order that the current, well-established emergency response protocols are further supported by universally embedded BLS training.

The Patient Safety Clinical Governance and Risk team provide a, perhaps less expected, example of promoting the rights of children in relation to educational development through supporting young people to volunteer. Young People aged 16-18 years of age can apply to volunteer within the organisation and, if successful, are supported appropriately in line with health and safety and through risk assessment to fulfil their individual objectives of what they wish to achieve from volunteering.

Further examples of good practice in relation to this General Principle include the 'Speakeasy' training programme specifically designed to help parents and carers talk confidently to their children about relationships, puberty and sexual health. The 8-week course delivered through the Public Health Directorate focuses on supporting families in areas of need, as well as fostering better communication in schools and with young people.

The School Nursing service and Pharmacy Directorate have recently commenced interesting work to support Young Carers. The Young Carer card scheme aims to help young people, who are supporting their parents/other adults in their household, to efficiently access relevant health and social care supports available to them in their role as a carer.

"When adults really listen, it makes things better"

Anonymous child, Children's Health Scotland survey (2026)

4.3.4 General Principle 4

Children have a right express their view and to have their view/s heard (Article 12)

Children and young people having a voice in decisions which affect their lives, being listened to and having the ability to meaningfully participate are at the core of the UNCRC legislation.

Investing in and building relationships with children and young people in ways that enable them to feel comfortable in sharing their views, experiences and ideas is therefore crucial.

NHS Tayside's Women Children & Families Division, by the very nature and purpose of the services they deliver, hold the greatest expertise in building effective relationships with

children and young people. This expertise, which spans the wide range of practitioners, clinicians and leaders working within these services, has been a highly valuable asset in progressing the children's rights agenda across the organisation following enactment of the new Act. Their willingness to act as 'soft' champions for the agenda, to share knowledge and lessons learned and to offer insights and existing tools to organisation wide colleagues has been extremely supportive.

The range of methods for securing the views of children and young people employed by the Women Children & Families Division services include:

- Care Opinion
- Talking Mats
- "My Space to Speak"
- "You said / We did" cycles
- Patient/client satisfaction surveys
- Questionnaires to families
- Joint goal planning
- Anonymous Suggestion Box
- Smiley Face rating scale
- Tools for non-verbal children e.g. Face Legs Activity Cry Consolability [FLACC] and Lanarkshire Infant Mental Health Observational Indicator set [LIMHOIS])
- "What Matters to you?" conversations
- Weekly 'Community Meetings'.

The above are supported, as required, by services' use of the organisation's Interpreter service and local Advocacy Support services.

An additional approach to young people engagement is evidenced in the Family Nurse Partnership service, where young people are routinely involved in the recruitment of service staff. This recruitment practice may be employed by other services, but it is as yet unreported elsewhere.

It is very much recognised that it is not only services within the Women Children & Families Division which have experience, specialist skills and/or expertise in building relationships, and working, with children and young people. A range of other departments/services, including the Patient Experience team, Public Protection teams, Out of Hours services, Public Health Directorate teams, Medicine Division, Dental service teams and Minor Illness & Injuries Units are also particularly children and young people focussed in their delivery of care.

In addition to the above services, wider NHS Tayside services also employ particular tools for children and young people feedback including the below.

Tayside Sexual & Reproductive Health services use online accessibility for feedback on the service young people receive and a 'Young People Consultation Group' is established. The service is also starting to use technology to gather feedback through MS Forms, Menti and QR codes.

Audiology showcases consistently strong, inclusive practice. Children and young people are involved in each appointment through tailored 'Likes & Dislikes' questionnaires and monthly "Wee chats" are held which enable co-ordinated feedback from families, via SLT and educational audiologists, to be shared with the service. The team also undertake an annual satisfaction questionnaire with families and regularly review its service based on children and young people preferences.

The Child Protection team demonstrate excellent trauma-informed practice, and a strong rights-based approaches to their work. This is particularly evidenced within NHS Tayside's multi-agency Bairn's Hoose Pathfinder work, a Scottish Government initiative to reduce trauma and improve the experience of children and young people who have been the victims of, or witness to, crime. The Child Protection team, in partnership with SLT and CAMHS, are progressing the Bairn's Hoose 'health room' to ensure children and young people and their families have access to trauma informed, rights-based care. A priority within this work is to gather the views of children, young people and their families, in the most appropriate ways, to inform the developing 'Bairns Hoose' model and to support trauma informed pre-police interview communication assessment in order that the formal police interview is as successful as possible, thus removing barriers to criminal justice for children and young people.

Radiology demonstrates both child-friendly practice, through engaging children in decision making about their imaging experience (related to comfort, positioning, distraction techniques), and active approaches to hear the views of children and young people. As part of this a weekly multi-disciplinary meeting is held to reflect on children's experiences and to help integrate children and young people's views into service planning.

The Patient Experience team are central to this domain of children's rights implementation. The team's work to refine the complaints and feedback process to reflect the new SPSO child-friendly complaints guidance described earlier, together with their leadership in establishing the recent organisational Task & Finish Group to explore and develop how best the organisation can support the voices and feedback of children and young people to be heard, are key developments. These actions and the team's lead responsibility for Care Opinion for the organisation reflect the central role the Patient Experience team play in the progressive realisation of children's rights across the organisation.

Across NHS Tayside Care Opinion, as previously referenced, is the primary tool used to enable patients to feedback on their experiences. This includes feedback from children and young people via Care Opinion 'Bear'. There are currently forty-five invitation links being used in services to promote Care Opinion 'Bear', across services within several Divisions and Directorates. A smaller number of services also actively promote Care Opinion through available stationary products.

Care Opinion feedback - Word Cloud for Paediatric service (2026)

4.4 Integration Joint Boards

Integration Joint Boards are listed as public authorities under the UNCRC (Incorporation) (Scotland) Act 2024 related to the decision making they are responsible for which may impact directly, or indirectly, on children and young people.

As Integration Joint Boards (IJBs) plan and commission services, make decision on how resources are used and have an oversight role for operational health and social care performance it was agreed that IJB functions would be included within this report.

Angus Integration Joint Board

Since October 2024, Angus IJB has made progress in the following areas, aligned with the principles of a children's human rights approach:

Embedding

- Embedded a Child Rights & Wellbeing Impact Assessment (CRWIA) into the Combined Impact Assessment process. The completion of CRWIA's ensures that Angus IJB can systematically consider impacts on children's development, health and wellbeing as part of the decision-making process.
- Issued staff-wide communications in relation to the introduction of UNCRC and the new mandatory training module, to raise awareness of children's rights, including their right to health, care, protection and development.
- Issued guidance on communication and engagement that includes producing accessible materials (e.g. easy-read formats), to ensure information can be understood by people of all ages.

Equality and Non-Discrimination

- Developed additional staff resources within the Equalities SharePoint site which allows staff revisit guidance and training and helps to support consistent, sustained application of children's rights responsibilities across Angus Health and Social Care Partnership.

Participation

- Established a Transitions Group to review current practices and procedures which concluded early 2025. The Transitions Group undertook a comprehensive mapping exercise to identify existing pathways, services and supports in place for young people transitioning from childhood to adulthood There was wide representation on the group from services across AHSCP, Angus Council Children and Families, Education and Lifelong Learning, NHS Tayside, the third sector and Police Scotland.
- Provided funding to Angus Carers Centre to facilitate a Young Carer Influencer Group. This is a forum where young carers come together to influence national policies and shape local services.
- Continued to promote the use of Care Opinion Bear.

Accountability

- Introduced a mandatory section within their committee report template to ensure there is explicit consideration of UNCRC/CRWIA within each report. This has helped to embed accountability at strategic level and ensure children's rights inform service planning and delivery.

Dundee Integration Joint Board

Since October 2024, Dundee IJB has made progress in the following areas, aligned with the principles of a children's human rights approach:

Embedding

- The IJB's Strategic Needs Assessment brings together population-level evidence, including information on the health and wellbeing needs of children and young people, to inform strategic planning, commissioning priorities and resource allocation across health and social care.
- Children's rights considerations have been incorporated into IJB strategic planning and commissioning processes, proportionate to the IJB's role. This includes links to wider children's services planning and recognition of impacts on children and young people across health and social care systems.
- An Equality Matters IJB Development Session, delivered to IJB members in November 2025, supported implementation of UNCRC requirements by strengthening members' understanding of children's rights, promoting non-discrimination, and ensuring decisions are informed by an equity-focused, rights-respecting approach.
- The IJB has considered reports on matters affecting children and young people (including Our Promise, the City Plan and Protecting People reports) to support assurance, improvement and informed strategic decision-making.

Equality and Non-Discrimination

- The Integrated Impact Assessment format that accompanies IJB decision reports includes consideration of potential impacts on children and young people, including human rights, equality and fairness.

Participation

- Dundee's Carers Partnership includes young carer representatives in its multi-agency work, helping ensure their voices shape strategic planning and the development of support across the city.

Accountability

- Dundee Health and Social Care Partnership officers who manage complaints are working to implement child-friendly complaints processes for the IJB, aligned with the Scottish Public Services Ombudsman's Children Friendly Complaints Principles. These principles aim to make complaints accessible, rights-based and responsive to the needs of all children and young people.

Perth & Kinross Integration Joint Board

- Perth & Kinross IJB has included Children's Rights within their Annual Governance Statement as a key improvement action for 2026/27 and is introducing a mandatory screening section to all IJB reports from Summer 2026.

- In addition, the IJB has developed a CRWIA and is producing associated guidance to ensure CRWIAs are undertaken, as and when there is a rationale to do so, and has a clear plan to further embed UNCRC duties within policies and programmes of work going forward.

5. Strengths, challenges and opportunities

5.1 Strengths

NHS Tayside, and the IJBs across Tayside, show strong commitment to children's rights, with clear examples of excellent practice and good evidence of progressive realisation.

Most services and departments demonstrate early or partial implementation of children and young people centred approaches.

A range of specialist and children and young people services excel in children and young people participation, and a strong safeguarding culture is evident across many frontline teams strongly supported by the Child Protection team.

The use of high-quality tools to support the voice of children and young people to be heard is apparent, with commitment and enthusiasm to expand the use of these tools (e.g. Talking Mats and child friendly patient information leaflets) being clear.

The high levels of promotion and use of Care Opinion Bear evidence the strong focus on securing the views and feedback of children and young people across the organisation, with the recent establishment of an NHS Tayside 'Supporting Children & Young People to Provide Feedback' Task & Finish Group reinforcing this position.

The involvement of children and young people in decision making in relation to their individual care and in service delivery and improvement is encouraging at this first stage of children's rights reporting.

The inclusion of young people in the organisation's programme for volunteering is also notable.

5.2 Challenges

It is to be anticipated across large organisations that variation will be evident as progressive realisation of new legislation is achieved. Such variation is currently seen across NHS Tayside in relation to activity to attend to children's rights.

Engagement with the UNCRC agenda has been high across many divisions, directorates and departments, with this continuing to incrementally increase, but ongoing action at all levels will be required to sustain the focus on children's rights and maintain the advancement achieved since the new legislation was enacted. Vigilance will be required to ensure the range of competing priorities does not impact on progress.

Participatory work with children, including co-design, is largely unfamiliar to most service areas and the infrastructure to support this is not yet well developed. There is evidence that services differ in confidence levels to embrace this work.

Use of children and young people feedback tools is apparent in many services. The use of child friendly digital feedback tools is less prevalent. There are understandable reasons for the utilisation of methods more familiar to the workforce at this point, but moving to embrace increased digital means would support enhanced levels of feedback, views and participation going forward.

The use of wider tools to support awareness raising and realisation of children's right is seen across the organisation. The range of resources available to teams, services and departments has increased considerably since the enactment of the legislation in 2024. There is lower-level evidence that the full range of available tools have been utilised to date, but greater application of these tools would be advantageous to progress.

5.3 Opportunities

Positive approaches to engage with children and young people are already established and in progress in some services. This is a strong foundation to build from to support greater equality of access to rights-based care across NHS Tayside.
Exploring the expansion of current training offers in relation to use of children and young people engagement tools, e.g. Talking Mats, would enable progression towards more consistent engagement approaches.

In addition, optimising the outputs from engagement with children and young people through demonstrating how feedback and views influence decision making and support improved practice will be a natural and valuable next step for those services with established feedback mechanisms.

The introduction of a small number of Patient & Family Feedback Groups and the Patient Experience Team led 'Supporting the Voices of Children and Young People Task & Finish Group' will enable a further level of feedback to services and the wider organisation. There is opportunity to embed children and young people participation more consistently at scale within operational planning. Strengthening how participation is described and evidenced would help demonstrate that children and young people involvement is a routine and integral part of service design and delivery, rather than activity that occurs in pockets of practice.

The presence of some strong examples of co-design with young people, highlights opportunities for scaling up such work as a core way of working across services. This could include increasing children and young people involvement in early planning stages, supporting children and young people co-design of resources, pathways, and service improvements and making greater use of evidence-based participation tools suited to different ages and needs.

The Patient Safety Clinical Governance & Risk Management team's role in relation to patient information offers valuable support to services on developing child-friendly patient leaflets. Work is currently in progress within the team to publish a 'Readability and Leaflets' guide for services, which is aimed at supporting the production of all leaflets across the organisation to the target reading age of 9-11 years, in keeping with the national standard for NHS content. In addition to this work, an early-stage test of change is underway to adapt two current adult service leaflets into child friendly versions. These developments will offer valuable learning and improved support to services going forward.

The Communications Department's more recent direct engagement with the children's rights agenda is a further means to the championing, advocacy and support of implementation of the new legislation. Opportunities in this area are yet to be optimised and have the potential to positively influence the organisation's progressive realisation of children's rights in the coming years.

The increasing availability of national data gathered directly from children and young people offers a rich source of information to Health Boards, and other public sector organisations, in relation to what children and young people across Scotland see as important to them in relation to their rights, health and future. This data, collated by several independent and recognised bodies such as the Children & Young People's Commissioner Scotland office, Young Scot and Scottish Alliance for Children's Rights, through surveys, online assemblies and direct engagement sessions is acknowledged by Scottish Government as important and relevant data for use by individual organisations working to fulfil their children's rights duties. The number of children and young people voices informing these individual national pieces of work vary from 200 to over 12 000 and they, therefore, can offer invaluable insights into what is of importance to children and young people growing up in Scotland. The utilisation of this data by NHS Tayside services will be useful in informing ongoing and future actions to effect children's rights.

If we are serious about respecting children's rights, then we must go directly to children themselves to find the answers"

Professor Peter Moss, University College London (2019)

6. Conclusion

Creating an environment which supports services, teams and individuals to put into practice the whole system change required to meet obligations under new legislation is core to effective and successful implementation. Enabling workforce understanding, empowerment and capability is key to this.

The overall content of this report demonstrates NHS Tayside's commitment to creating the necessary environment, providing appropriate leadership and engaging at all levels in the organisation for the rights of children and young people to be progressively realised.

The report sets out the progress made by NHS Tayside in strengthening the recognition, protection and promotion of children's rights during the reporting period. It reflects a growing organisational awareness of the UNCRC legislation and increasing levels of effort to ensure that children's best interests, voices and experiences are considered and used to inform service delivery and planning. Importantly, many of the examples highlighted demonstrate that children's rights are recognised as a whole-system responsibility, extending beyond traditionally defined children and young people's services.

The content of the report reinforces that embedding children's rights is an ongoing process. Whilst good progress has been made, there is scope to further strengthen the consistency of practice, deepen meaningful participation of children and young people and ensure that children's rights are routinely and proactively considered across all areas of NHS Tayside's work. The opportunity to build on current work underpins the progressive realisation context within which this work is viewed, recognising that sustainable systemic change requires time, reflection and continued leadership.

Looking ahead, the organisation should remain committed to building on the strong foundations established, through continued workforce engagement, leadership at all levels and cultural change.

By listening to what children say, learning from experiences shared and maintaining a clear focus on improvement, NHS Tayside will continue to advance a rights-based approach that supports children and young people to be safe, listened to, respected and involved in decisions that affect their lives.

Elaine Cruickshank
Child Health Commissioner
NHS Tayside
4th May 2026

7. Priorities 2026 – 2027

Recommendation	Proposed Actions
1. Further improve staff knowledge, skills and confidence	Ensure mandatory GIRFEC and Child Protection training completion across all services/teams
	Increase access to Talking Mats, and similar, training for services with high children and young people interaction
	Embed rights-based induction
	Promote and support attendance at, and shared learning from, UNCRC workshops/training
2. Promote children & young people feedback via Care Opinion	Encourage all services to develop Care Opinion QR codes and display Care Opinion posters
	Staff promotion of Care Opinion
3. Strengthen feedback cycles	Introduce 'You said / We did', digital tools and age-appropriate feedback methods across all services, supported by learning from early adopters
4. Further progress work to develop child friendly patient leaflets	Prioritise existing work to produce a 'Readability and Leaflets Guide' and to test the development of new child friendly version leaflets
5. Embed child friendly complaints and feedback processes	Ensure SPSO child friendly complaints principles are incorporated into Complaints and Feedback management
	Support complaint and dispute avoidance by promoting relational approaches to practice
6. Embed monitoring and governance	Develop defined, consistent and low-burden governance arrangements for monitoring children's rights progression within and across services/departments
7. Develop an infrastructure for participatory work	Create sustainable and inclusive participation methods for children and young people
	Consider the need for a Children & Young People Participation Steering Group and minimum participation standards

References

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Getting it right for every child (GIRFEC)
https://www.gov.scot/policies/girfec/national-practice-model/

NES Children's Rights Learning Site
https://learn.nes.nhs.scot/75250/getting-it-right-for-every-child-girfec-and-children-s-rights-learning-site

UNCRC Scotland – I am me Scotland (Sebastian) animation
https://www.youtube.com/watch?v=fS-fdwNfg0o

Scottish Public Services Ombudsman Child Friendly Complaints Guidance
https://www.spso.org.uk/ChildFriendlyProcessGuidance

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https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/MaternityServices/PROD_377680/index.htm

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